

E-rate for Public Libraries: Form 471 (Description of Services Ordered)



The Form 471 is the second form completed in a funding year, and must be filed at least 28 days after the Form 470. We recommend completing the form anywhere in January or February of the funding year. The close of the filing window for the Form 471 is sometime in March of each year, but completing it early will allow for time to correct the form if there are errors.

These instructions offer advice to public libraries applying for “plain old telephone service” – sometimes called POTS – for their libraries. This means both local and long distance telephone service, and can include FAX lines, digital telephone or VOIP, but does not include fees for dedicated security lines such as those used by an alarm system. Other services may be eligible for E-rate reimbursement, such as internet service or data plans for cellphones, but these instructions only cover applying for telephone service.

This funding year (FY 2015), there are several significant changes from the previously-published Form 471:

- The new Form 471 is dynamic, meaning that the form will change in response to your selections.
- The browsers for which the form has been optimized are Internet Explorer versions 9 or 10 (IE 11 is the most current version, and is NOT optimized for the new form), or the most current version of Mozilla Firefox or Google Chrome. If you are using a Mac, please use the most current version of Safari.
- The Item 21 Attachment has been integrated into the new Form 471.
- Your discount rate will be reduced by 20% per year, starting this funding year.
- The Form 471 can ONLY be completed online. Online certification is preferred, but paper certification is still available if necessary.

In order to proceed, you will need:

- Your library’s Billed Entity Number (BEN) and FCC Registration Number (FCCRN) – searchable within the form
- FSCS Code, the local school district’s Billed Entity Number and corresponding NSLP data ([found here](#))
- Your library’s Urban or Rural designation ([found here](#)).
- Estimated cost per month for your library’s telephone service and / or any one-time service (such as installing a telephone line)
- Estimated amount budgeted annually for your library’s technology needs.
- To certify online, you will also need the PIN assigned to you.

To start, go to <http://sl.universalservice.org/>
and click on *FCC Form 471 – FY2015*.

FCC Form 471 - FY2015

Click Start.

FCC Form 471

During the filing window, and once you have completed your competitive bidding process, file this form to seek funding support for eligible products and services.

Start

Continue

Certify

Display

Not sure of your BEN? Use [our lookup tool](#).

Type in your Billed Entity Number (BEN), then click Enter.

Billed Entity Number (BEN)

145909

Enter

APPLICANT
2000 L ST NW
SUITE 200
WASHINGTON, DC 20036
Phone: (202) 776-0200
Fax: (202) 776-0080

Confirm information is correct, then enter your library's FCC Registration Number (FCCRN) and click *Next*.

FCC Registration Number:

1234567890

Forgot your FCC RN? [Click here.](#)

NEXT ▶

Click *Library* under "Application Type."

Application Type

- ☐ Individual School
- ☐ School District
- ☒ Library
- ☐ Consortium
- ☐ Statewide Application

Recipient(s) of Service

Select ALL of the characteristics that apply to the

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Private | <input type="checkbox"/> Tribal |
| <input checked="" type="checkbox"/> Public | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Charter | <input type="checkbox"/> State Agency |

Click *Public* under "Recipient(s) of Service."

Email address

applicant@usac.org

Verify email address

applicant@usac.org

Enter and verify your email address, then click *Next*.

◀ BACK

NEXT ▶

Application Number and Security Code

You will need this information in order to log back into the application.

Application Number: 996565
Security Code: 23207

This information has been emailed to applicant@usac.org.

If you would like to give this application a nickname, enter it here

471-2015

Record the *Application Number and Security Code*. For a suggested nickname, type "471-2015" and click *Next*.

◀ BACK

NEXT ▶

Under “Is a consultant assisting you?” click *No*.

Is a consultant assisting you?

If a consultant has/is assisting you, please provide the name and email address of the person we should contact.

Yes **No ✓**

Please provide the name and email address of the person we should contact.

Contact Person's Name

Jane Smith

All questions regarding this application will be sent to the email address that you provide.

Contact Person's email address

applicant@usac.org

Re-enter email address

applicant@usac.org

Type your name under “Contact Person’s Name,” then enter and verify your email address.

Under “Is the contact person’s address and telephone number the same as that of the Billed Entity?” click *Yes*.

Is the contact person's address and telephone number the same as that of the Billed Entity?

Yes ✓ No

(OPTIONAL): If you have a different summer or holiday address / telephone number and no way of receiving mail from the library during that time, you may add your Holiday / Summer Contact Information.

Holiday / Summer Contact Information ⓘ

Jane Smith
123 Snowbird Way
Pensacola, FL 32501
Phone: (850) 123-4567

Under “Correspondence Address” select *BEN Address*. Then, under “Name of Person to Receive Correspondence,” select your own name, then click *Next*.

Correspondence Address

Where should USAC mail correspondence, such as the Funding Request, be sent?

BEN address

Name of Person to Receive Correspondence

(This should be either the contact person or the name of the contact person's supervisor.)

Jane Smith

◀ BACK **NEXT ▶**

Category of Service ⓘ

What is the category of service for which you are requesting funding?

Category 1 ✓

- Telecommunication
- Voice Services
- Internet Access

◀ BACK **NEXT ▶**

Click *Category 1*, then click *Next*.

Under “Entity Number” enter your library’s BEN, then click *Add Entity*.

Entity Number

145909

Add Entity

Your Entity for Discount Calculation

✖

APPLICANT (BEN 145909)

Enter Data

APPLICANT (BEN 145909)

Please enter ALL of the library and non-instruction of them. We need this information to calculate you you will not need to enter them again on this appl

Add Entity

Click *Enter Data*.

Click *Add Entity*.

In the pop-up window, enter your *library's Entity Number, Entity Name and FSCS Code*. Select your library's *Urban or Rural designation*, select *No* for NIF, and *Yes* for Main Branch (Portland PL being an exception due to having branch libraries). Enter your local school district's Billed Entity Number. Select *Public* for Library Attributes, then click *Submit*.

Add Record

Entity Number

145909

Entity Name

APPLICANT

FSCS Code

ME0000001

Urban Or Rural

Rural

NIF

No

Main Branch

Yes

School District Billed Entity Number

121554

Library Attributes

None
Public
Private

Submit

Cancel

Enter the *total number of students enrolled in your local school district and the total number of NSLP-eligible students in that district*. Click *Save and Recalculate*, then *Next*.

Calculate Discount Rate

Libraries provide the information for the public school district(s) in which the main branch of the library is located However, the urban/rural status of the library status of the library system will be calculated based on the library's own outlets.

Urban Rural	Total Number of Students Enrolled in District	Total Number of Students in District Eligible for NSLP	Percentage of Students in District Eligible for NSLP	Category 1 Discount Rate
Rural			%	Save and Recalculate ↺

◀ BACK

NEXT ▶

All libraries must complete the next section, “Connectivity Questions,” even if you are only applying for telephone service reimbursement.

If your library does not receive its Internet connection through MSLN, please contact your Internet Service Provider to determine your library’s connection speed.

If your library receives its Internet connection from MSLN, please review the following list to determine your library’s connection speed:

Libraries with “at least 1 Gbps” :

- Belfast Free Library
- Bethel Library
- Carver Memorial Library
- Patten Free Library
- Stockton Springs Community Library

Libraries with “at least 100 Mbps but less than 1 Gbps” :

- Bangor Public Library
- Cary Library in Houlton
- Curtis Memorial Library
- Jesup Memorial Library
- Old Town Public Library
- Orono Public Library
- Portland Public Library
- Thomas Memorial Library

All other libraries on MSLN have “less than 100 Mbps.”

Connectivity Questions

How many libraries that are part of the library system serve a population of less than 50,000?

1

How many of these libraries serving populations less than 50,000 have Internet access of
less than 100 Mbps
at least 100 Mbps but less than 1Gbps
at least 1 Gbps

1

0

0

How many libraries that are part of the library system serve a population greater than or equal to 50,000?

0

How many of these libraries serving populations greater than or equal to 50,000 have Internet access of
less than 100 Mbps
at least 100 Mbps but less than 1Gbps
at least 1 Gbps

0

0

0

How many of the libraries that are part of the library system have Wide Area Networking connections to 10 Gbps? ⓘ

1

How many libraries in your library system have LAN/WLAN capacity and coverage?

Completely sufficient to support the educational or library activities conducted here
Mostly sufficient to support the educational or library activities conducted here
Sometimes sufficient to support the educational or library activities conducted here
Rarely sufficient to support the educational or library activities conducted here
Not sufficient to support the educational or library activities conducted here

1

0

0

0

0

◀ BACK

NEXT ▶

Enter 1 into the box for “How many libraries ... population of less than 50,000?” (Portland PL may be the only library in the state that will need to answer differently.)

Then, enter 1 into the box corresponding to your Internet connection speed, and 0 into the others.

Enter 0 into the box for “How many libraries ... population greater than or equal to 50,000?” and 0 into each of the three boxes under that question. (Again, Portland PL is the exception here.)

For MSLN libraries, enter 1 into the box for “How many libraries ... Wide Area Networking ...?”

For “How many libraries ... LAN / WLAN ...?” enter 1 into the box for “Completely sufficient” and 0 into the other four, then click Next.

Create a Funding Request

What method would you like to use to create your Funding Request?

Step-by-step

Everything on one page

Click *Everything on one page*.

Enter *“Telephone Service”* under Nickname. Click *No* under “Duplicate Funding Request?”

Nickname for this Funding Request

Create a nickname for this funding request to help y

Telephone Service

Duplicate Funding Request? ⓘ

Yes

No ✓

Select *Voice Services* under “Service Type.”

Service Type ⓘ

What is the service type for
Pick only one.

CATEGORY 1

- ☒ Voice Services
- ☐ Telecommunications
- ☐ Internet Access

Check *“Yes, I posted an FCC Form 470 for the services.”*
Enter the *Form 470 number* and click *Enter*.

Establishing FCC Form 470

Did you post an FCC Form 470 for the product and/or services you are requesting?

☒ Yes, I posted an FCC Form 470 for the services.

Enter 470 number: 104530001046284

Enter

Enter the *Service Provider Identification Number (SPIN)*
and click *Enter*.

Service Provider Information ⓘ

Find your SPIN with our [SPIN Search tool](#)

SPIN (Service Provider Identification Number)

143999999

Enter

Enter the *Billing Account Number* (often your library’s
main telephone number) for your telephone service
account and click *Add*.

Billing Account

If your service provider has given you one or more Billing Account numbers:

Billing Account Number

2071234567

Add

Select *Month-to-Month arrangement* under “Contract” (if
you are in a multi-year contract, select Contract and
answer the contract-specific questions.)

Contract

How are you purchasing these services?

- ☐ Tariff
- ☒ Month-to-Month arrangement
- ☐ Contract

Click in the text box under “When will the services start?” and select *July 1, 2015* from the calendar.

Click in the text box under “When will the services end?”, then click *July 2015 -> 2015 -> 2016 -> June 2016* and select *June 30, 2016* from the calendar.

Enter “*Local and long distance telephone service for up to X lines*” (where X is the number of lines named on your Form 470) under “Narrative.”

Click *No* under “Pricing Confidentiality,” then click *Save*.

Click *Enter Products & Services for this Funding Request*.

Click *Add line item*.

Select *Voice Service* under “Type of Service Requested.”

Select *Local / Long Distance Service* under “Type of Connection.”

Select *Voice* under “Purpose.”

Enter the *number of lines* under “Qty or # of Lines.”

Select *No* from “Burstable Bandwidth?”

Enter the *estimated monthly cost* of service under “Total Monthly Recurring Eligible Cost.” Do not use dollar signs.

Enter *0.00* under “Total Monthly Recurring Ineligible Cost.” Do not use dollar signs.

Enter *0.00* under “Total One-Time Eligible Cost.” Do not use dollar signs.

Enter *0.00* under “Total One-Time Ineligible Cost.” Do not use dollar signs. Click *Save*.

Service Dates

Allowable vendor selection/contract award date:

When will the services start?

07/01/2015

When will the services end?

06/30/2016

Narrative

Provide a brief explanation of the products and services that you are requesting.

Local and long distance telephone service for up to two lines.

Pricing Confidentiality

Is there a statute, rule, or other

Yes

No

BACK

Save

Funding Request #2736644 Has Been Created

Enter Products & Services for this Funding Request

Line Items

Add line item

Upload Completed Template

Line Item

Type of Service Requested	Voice Service
Type of Connection	Local/Long Distance Service
Purpose	Voice
Qty or # of Lines	2
Bandwidth Upload Speed	
Bandwidth Upload Units	
Bandwidth Download Speed	
Bandwidth Download Units	
Burstable Bandwidth?	No
Basic Firewall Protection Included?	No
Last Mile Connection?	No
WAN	No
Total Monthly Recurring Eligible Cost	40.00
Total Monthly Recurring Ineligible Cost	0.00
Total One-Time Eligible Cost	0.00
Total One-Time Ineligible Cost	0.00

Save Cancel

Click *Manage Recipients*.

Manage Recipients

Click *Yes* under “Is every entity on this application receiving the product or service in this line item?” Click *Close*.

Is every entity on this application receiving the product or service in this line item?

Yes No

Close

Click *Certify & Submit Your Application*.

Finished Entering Funding Requests?

If you've entered all of your data, you may go to the next step.

Certify & Submit Your Application

NOTE: the checkboxes in front of each paragraph are difficult to see.

Check the paragraphs that begin with “I certify that the entities...”

and “libraries or library consortia...”

and “I certify that the entity...”

Under D, enter in the total amount allocated to technology replacement in your annual budget (or estimate about 500.00 as a reasonable sum).

Do NOT (!!!) check the paragraph that begins with “Check this box.”

Certifications & Signature

- ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are:
 - ☒ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.
- ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

A	Total funding year pre-discount amount on this FCC Form 471	\$480.00
B	Total funding commitment request amount on this FCC Form 471	\$240.00
C	Total applicant non-discount share	\$240.00
D	Total budgeted amount allocated to resources not eligible for E-rate support	\$500.00
E	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts.	\$740.00

☐ Check this box if you are receiving any of the funds in Item E directly from a service provider listed on any of the FCC Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the FCC Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item E.

Check the rest of the boxes before the paragraphs beginning with “I certify” or “I acknowledge.”

- ☒ I certify that an FCC Form 470 was posted and that any related RFP was made available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology goals.
- ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes, see 47 C.F.R. § 54.500 and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.
- ☒ I certify that I and the entity(ies) I represent have complied with all program rules, including recordkeeping requirements, and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts or other legally binding agreements covering all of the services listed on this FCC Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.
- ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- ☒ I certify that I will retain required documents for a period of at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.
- ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- ☒ I certify that if any of the Funding Requests on this FCC Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504.
- ☒ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this FCC Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

Click **Yes** under “Authorized Person.”

Authorized Person ⓘ

Is the authorized person the primary contact named earlier as Jane Smith?

☒ Yes ☐ No

Enter *your title* (such as Director or Librarian) under “Title or position of authorized person.”

Title or position of authorized person

Director

Enter *your library's name* under “Name of authorized person's employer.”

Name of authorized person's employer

APPLICANT LIBRARY NAME

Click **Review Application**. Review and print all parts for accuracy, then click **Next**.

Submit & Certify Your Application

1. Review Application

Review this application to ensure it is complete and accurate.

Review Application

2. Submit Application

After you submit this application, it can't be changed.

Submit Application

Click **Submit Application**.

Submit Application

Cancel

Click **Submit Application** again, then Click **OK**.

OK

Click **Certify Online**, then scroll to the bottom of the page.

3. Certify

All applications must be certified in order to be processed.

Certify Online

Display and Print Certification

Certify Later

Check the box “I understand that the use of a PIN is equivalent to a handwritten signature. Enter *your PIN*, then click **Certify with PIN**.

☒ I understand that the use of a PIN is equivalent to a handwritten signature

Certify with PIN

Enter your PIN

ocular#

Record your CERT ID, and print the certification page for your records.

Please contact Jared Leadbetter at jared.leadbetter@maine.gov or 207-287-5620 if you need further assistance.